Approved for use through 05/30/30/PTO/SBI17 (10-98)

U.S. Palent and Thomsens Office Lt S. DEPARTHEUR IN U.S. Palent and Thomsens Office Lt S. DEPARTHEUR IN U.S. DEPARTMENT IN U.S. DEP

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
				Application Numb	er 10/560,8	29	Conf. No.: 6864	1
FEE TRANSMITTAL			\L [Filing Date	March 07	, 2006		
For FY 2009				First Named Inver	ntor Fumihiko	Fumihiko ISHIKAWA		
				Examiner Name	J. D. SCHULTZ			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	1633	1633		
TOTAL AMOUNT OF PAYMENT (\$) 1,790.00				Attomey Docket No. 4456-0105PUS1				-
METHOD OF PAYME	NT (check a	I that apply)						_
		Money Order	None	Other (ple	ase identify);			
Deposit Account		,			Birch	, Stewart, Ko	lasch & Birch, LLP	-
		account, the Direct	or is herel					-
r	s) indicated b			`		,		
					fee(s) indicated	below, exce	pt for the filing fee	,
	FR 1.16 and 1 his form may b	scome public. Credit		Ciedita	ny overpaymer be included on t		ide credit card	
FEE CALCULATION								
1. BASIC FILING, SEA	RCH. AND	EXAMINATION I	FFFS					_
FILING FEES SEARCH FEES EXAMINA								
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		Il Entity le (\$)	Fees Paid (\$)	
Utility	330	165	540	270		10		
Design	220	110	100	50		70		
Plant	220	110	330	165		85		
Reissue	330	165	540	270		25		
Provisional	220	110	0	0	0.00	0		
2. EXCESS CLAIM FE		110	v	U	v	-	mall Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)						52	26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$)						390	195	
Total Claims Extra Claims Fee (\$) Fee Paid (\$) 37 - 20 or HP = 0 x = 0.00						Fee (\$)	ndent Claims Fee Paid (\$)	
HP = highest number of to	tal claims paid fo	or, if greater than 20.				100 (4)	i ce i alu (\$)	
Indep. Claims 3 - 3 or HP =	Extra Clair			ald (\$)	-			
HP = highest number of inc	0 lependent claim	X paid for, if greater th		.00				
3. APPLICATION SIZE	FEE							
If the specification an								
listings under 37 (ntity) for ea	ch additional 50	
sheets or fraction Total Sheets	Extra She	35 U.S.C. 41(a)	(1)(G) ar r of each	ad 3 / CFR 1.16(additional 50 or 1	S). raction thered	f Fee (\$)	Fee Paid (\$	6
- 100 =	0	/ 50 =	0	(round up to a wh	ole number) >	·	= 0.00	_
4. OTHER FEE(S) Non-English Specia	fication, \$	30 fee (no small	entity di	iscount)			Fees Paid	(\$)
Other (e.g., late fili	ng surcharge): RCE and EOT for	ees				1,790.00	
SUBMITTED BY ./	,							=
Signature AW	In Olas	an Ch	R	egistration No. 289	277	Telephone	703-205-8000	
Uni	wypw	ny /11.	(A	ttomey/Agent) 203			. 55-205-6000	
Name (Print/Type) Gerald	л. Murphy, Jr.	111				Date DF	C 1 4 2010	

This collection of Information is required by 37 CFR 1.10. The Information is required to obtain or retain a benefit by the public which is to fit (and to tymelection process) as registral process. The public which is to fit (and to tymelection process) are registral process. The public which is to fit (and to tymelection process) are registral process. The public which is to fit (and to tymelection process) are registral process. The public which is to fit (and to tymelection process) are registral process. The public which is the fit of the fit of the public which we have the public which will be set to be about 10 feet, u.S. Petent and Trademark Office, u.S. Pepariment of Commerce, p.O. Box 1490, Alexandris, V.A. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, p.O. Box 1490, Alexandris, V.A. 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

